

Glamorgan County Council.

EDUCATION COMMITTEE.

Report of the County Medical Officer
on
The Medical Inspection of Children in Public
Elementary Schools.

25TH AUGUST, 1908.

Glamorgan County Council.

EDUCATION COMMITTEE.

EDUCATION (ADMINISTRATIVE PROVISIONS) ACT, 1907.

MEDICAL INSPECTION OF CHILDREN IN PUBLIC ELEMENTARY SCHOOLS.

The Section of the above Act which concerns Medical Inspection of School Children (Section 13) reads as follows :—

SEC. 13: EDUCATION (ADMINISTRATIVE PROVISIONS) ACT, 1907.

“(1) The powers and duties of a Local Education Authority under Part III. of the Education Act, 1902, shall include—

(a) Power to provide for children attending public elementary schools, vacation schools, vacation classes, play centres, &c.

(b) The duty to provide for the medical inspection of children immediately before or at the time of or as soon as possible after their admission to a public elementary school, and on such other occasions as the Board of Education direct, and the power to make such arrangements as may be sanctioned by the Board of Education for attending to the health and physical condition of the children educated in public elementary schools :

Provided that in any exercise of powers under this Section the Local Education Authority may encourage and assist the establishment or continuance of voluntary agencies and associate with itself representatives of voluntary associations for the purpose.

(2) This Section shall come into operation on the first day of January, nineteen hundred and eight.”

MEMORANDUM OF THE BOARD OF EDUCATION.

A Memorandum on Medical Inspection of Children in Public Elementary Schools was issued by the Board of Education, 22nd November, 1907, in which it was stated that during the first year (1908) the Board will be satisfied with the inspection of the children newly admitted and those leaving School.

This is the first step in the efforts of the State to establish the physical health of the rising generation, with a view to making the most of the national assets, and giving to every child a fair start in the battle of life.

STEPS TAKEN BY THE EDUCATION COMMITTEE TO PUT SEC. 13 OF THE ACT INTO OPERATION.

Reports were made by the Chairman of the Education Committee, the Clerk of the County Council, and the County Medical Officer of Health, dealing with the provisions of this Memorandum, and were considered by the Education Committee on the 28th January, when it was resolved :—

“(1) That for the present year it is expedient that the administration of this Act be confined to compliance with the provisions required by the Board of Education for the discharge of the duty imposed upon the Committee.

(2) That two qualified medical men and one similarly qualified woman be appointed to conduct the examination of the children entering and leaving School for the present year, such appointments to be deemed entirely provisional and temporary, and giving no claim to further employment.

(3) If it should prove that the number of children to be examined exceed 20,000, the Committee approve of another qualified woman being appointed in addition.

A Sub-Committee was also formed to confer with the County Medical Officer of Health, and arrange for the commencement of the work at the earliest possible moment, in accordance with the Regulations of the Board of Education. The County Medical Officer was requested to make a report in detail on the methods of carrying out the work, subject to these resolutions.”

This report was duly prepared and considered at the meeting of the Sub-Committee held on the 21st February, and on enquiry it was found that the number of children to be examined during the first year did not reach 20,000.

It was resolved, therefore, to advertise for two qualified medical men and one qualified medical woman, together with a Clerk and junior clerk.

The Sub-Committee also recommended that the County Medical Officer of Health be appointed to organise, supervise, and direct the Medical Inspectors in their duties.

At a Meeting of the County Council, held at Pontypridd on the 12th March, Thomas Evans, M.B. (Lond.), Thomas E. Francis, M.D., B.S. (Lond.), and Edith A. Jones, M.B., B.S. (Lond.), were appointed Medical Inspectors to work under the supervision and control of the County Medical Officer, the appointments to be reconsidered at the end of one year. The County Medical Officer was requested to make arrangements to have the work of Medical Inspection commenced as soon as possible after the Easter vacation.

INSTRUCTIONS TO HEAD TEACHERS.

Before the actual work of Inspection could be commenced, a very large amount of preliminary work had to be gone through, such as drawing up and issuing circular letters to the Head Teachers of each Department of all the Schools in the area under the jurisdiction of the Education Committee :—

- (1) Informing them what duties would be expected of them in the carrying out of the Medical Inspection in their Schools, and inviting their co-operation and assistance, which was necessary to enable the provisions of the Act to be efficiently carried out.
- (2) Giving them details of the arrangements that had been made, together with the name of the Medical Inspector for their District,

- (3) Asking for particulars as to the number of children who had entered their Department since the 1st January, and the approximate number that would be leaving before the 31st December of this year.
- (4) Giving time of Medical Inspector's visit and instructions *re* sending out letters to parents, etc., and
- (5) Supplying them with the necessary Inspection Cards, Letters to Parents, Forms to be filled up with regard to previous illnesses, together with the necessary instructions as to the proper filling in of same, etc., etc., etc.

A copy of the first circular letter referred to is given below, and I consider that it greatly assisted in securing their valuable aid towards the smooth and effectual administration of the Act.

“DEAR SIR OR MADAM,

MEDICAL INSPECTION OF SCHOOL CHILDREN.

The Education Committee have appointed the County Medical Officer of Health to supervise and control the work of the Medical Inspection of Children in Public Elementary Schools, under Section 13 of the Education (Administrative Provisions) Act, 1907.

Three Medical Inspectors have been appointed, and the work of Medical Inspection will be commenced by them immediately after the Easter Vacation. Each School will, as a rule, be visited twice a year.

The Committee invite the co-operation and assistance of the Teachers, which is necessary to enable the provisions of the Act to be efficiently carried out. The assistance required will include the sending (with the children) of a printed circular letter to the parents of the children who are intended to be medically examined next day ; the filling up, before the Inspector's visit, of the following particulars on the Medical Inspection Card, which will be supplied in respect to each child :—

1. Name of School and School number ;
2. Name, age, address, date of birth, date of admission, admission number, and previous School attended—in respect of each child ;
3. Answers to questions 2 to 8 (inclusive), on the back of each child's official card ;

and the following arrangements during the Inspection, so far as the School staff allows of them :—

1. In cases where there are Head Teachers' rooms or spare classrooms available, these should be placed at the disposal of the Medical Inspector. In other cases, a small classroom should be allotted to the Medical Inspector, and the time-table varied for the period of the visit so as to enable different Classes, or parts of Classes, to be grouped for work which does not require separate classroom accommodation.

2. There should be present during the inspection of Infants and Girls, a woman Teacher—preferably of the Class under inspection—and a Pupil Teacher ; one to undo garments, and marshal the children before the Inspector, etc., and the other to help to take down records.
3. There should be present in the case of Boys an Assistant Master and a Pupil Teacher (if possible).

The Committee feel assured that the Teachers will spare no effort to expedite the work of medical inspection in the Schools."

24th April, 1908.

DIVISION OF AREA FOR THE PURPOSES OF INSPECTION.

For the purposes of the medical inspection of children the area above referred to was divided into three divisions, viz. :—Eastern, Central, and Western Divisions, allocated to Drs. Thomas Evans, Edith A. Jones, and Thomas E. Francis respectively.

PROCEDURE PRIOR TO VISITS OF INSPECTORS.

Prior to the visits of the Inspectors, due notice is given to the Head Teachers of the Departments to be inspected, so as to give them ample opportunity to send out the necessary letters to parents, informing them of the date and time of inspection, inviting them to be present, and at the same time asking them to fill in the form sent them with regard to " the previous illnesses " of each child to be inspected. The inspections are conducted in the Head Teacher's rooms or in any spare classrooms available. The question of providing suitable Medical Inspection rooms should be borne in mind by the Education Committee when building new, or extending old, Schools.

EXTENT OF INSPECTION.

In addition to the systematic inspection of all children who have entered School (for the first time) since the 1st January, and of those who are likely to leave before 31st December, of this year (together with holders of Scholarship and Labour Certificates), arrangements have been made whereby certain children selected by the Teachers, who appear to be physically or mentally defective, or exhibit signs of ailments or defects capable of interfering to a pronounced degree with educational progress, are specially examined, for it is important that these conditions or defects should be detected as soon as possible with a view to their cure or further prevention. It is contemplated that, when the system of Medical Inspection is fully organised, each School will be visited for this purpose once, or at most twice, a year, each visit lasting only a few days, according to the number of children to be inspected. During the actual inspection the Medical Inspectors are assisted to a considerable extent by the Head Teachers and their Assistants, and they speak most highly of the valuable aid thus rendered them.

PARENTAL RESPONSIBILITY.

The work of the Medical Inspection of School Children is not intended to take away from parents their " parental responsibilities," but on the contrary, to help to impress these important duties upon them.

Many parents have attended the Examinations, and the Inspectors state that they have been surprised at the quiet way in which the infants allow themselves to be examined. Several parents also have shewn their appreciation of the examination and the advice given thereon by requesting that their other children attending School should be examined, who would not in the ordinary course have been examined this year.

METHOD OF KEEPING RECORDS.

It was decided at the outset to adopt the Card System for keeping the records of inspections. These cards are drawn up in accordance with the directions given in the Schedule of Medical Inspection (No. 582), issued by the Board of Education, to Local Education Authorities on 23rd January, 1908.

Two sets of these cards are filled up with the aid of the Teachers, at the time of the inspection. One set is left at the School for future reference, and the other set forwarded weekly to the Central Department to be copied, and with a view of communicating with the parents of children found physically or mentally defective, or unclean.

RESULT OF INSPECTION.

The work of inspection was commenced on the 27th April, and has been continued regularly up to the end of July, with the exception of the few days taken up in examining Pupil Teachers, Bursars, and Probationers, of whom 213 were examined.

I do not intend on this occasion to report in any detail, for sufficient time has not yet elapsed to enable one to establish a properly organised system of carrying out this work, and it is, of necessity, somewhat incomplete in character, and, therefore, no accurate deductions can be made from the results derived therefrom.

During the twelve weeks this work has been in progress, 117 Schools have been visited, and 4,021 children medically inspected. Of these, 1,979 were boys, and 2,042 girls, and the results are tabulated in the following Tables :—

Table I.

Showing the number of children medically inspected in each Division, together with the results of the same.

Total number of Children Medically Inspected ...					Eastern Division.		Central Division.		Western Division.	
					1398		1390		1233	
					No.	Per-centage.	No.	Per-centage.	No.	Per-centage.
CLASSIFICATION.										
Clothing and Footgear	{	Good .. .. .	.. .. .	.. .. .	293	20	115	8	1026	83
					1060	75	1180	84	189	15
					45	3	95	6	18	1
Nutrition	{	Good .. .. .	.. .. .	.. .. .	134	10	231	16	570	460
					948	74	864	62	584	47
					188	15	295	21	79	7
Cleanliness and condition of skin	{	Clean .. .. .	.. .. .	.. .. .	589	42	1190	85	1086	88
					717	51	141	10	101	8
					66	4	24	1	13	1
					17	1	14	1	35	2
Cleanliness and condition of head	{	Clean .. .. .	.. .. .	.. .. .	946	68	1187	85	642	52
					413	29	184	13	540	43
					18	1	36	2	51	4
Teeth	{	Good .. .. .	.. .. .	.. .. .	567	45	724	52	595	48
					458	36	324	23	463	37
					229	18	342	24	175	14
Tonsils	{	Normal .. .. .	.. .. .	.. .. .	888	68	1230	89	932	75
					301	23	125	8	260	21
					102	7	35	2	40	3
Adenoids requiring removal					50	4	36	2	25	2
Submax and Cervical Glands	{	Normal .. .. .	.. .. .	.. .. .	368	32	876	63	426	36
					671	60	470	33	756	60
					79	7	44	3	51	4
External Eye Disease					27	1	48	3	100	8
Defective Vision					46	3	66	4	143	10
Ear Disease (chiefly Otorrhœa)					32	2	31	2	39	3
Defective hearing					33	2	31	2	39	3
Speech Defects (Stammering, etc.)					11	0.78	27	1	66	5
Mental Condition	{	Dull .. .. .	.. .. .	.. .. .	5	0.3	18	1	71	6
					—	—	3	0.21		
Heart and Circulation—Heart Disease					35	2	8	0.57	24	2
Lungs	{	Bronchitis, etc. .. .. .	.. .. .	.. .. .	57	4	65	4	26	6
					3	0.21	4	0.28	5	0.4
Nervous System	{	Chorea .. .. .	.. .. .	.. .. .	—	—	1	0.71	9	0.7
					—	—	—	—	5	0.4
Tuberculosis	{	Osseous .. .. .	.. .. .	.. .. .	—	—	7	0.5	6	0.4
					2	0.1	34	2	2	0.1
Rickets					6	0.4	—	—	42	3
Deformities, including Talipes, Infantile Hemiplegia, Lateral Curvature, Ankylosis, Pigeon Breast, Scoliosis, Torticollis, Kyphosis, etc					149	9	36	2	119	9
Infectious or Contagious Skin Diseases—Ringworm, Scabies, Impetigo, Eczema, etc.					29	2	21	1	14	1

Table II.

Showing the number of children (entrants and those leaving) medically inspected in each of the Schools visited in the Eastern Division.

Name of School.	Entrants.		Leaving before 31st Dec., 1908.		Total No. Inspect'd.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Tirphil Provided School	17	17	18	11	35	28
Brithdir	12	6	14	16	26	22
Deri	10	7	10	6	20	13
Bargoed	48	48	41	50	89	98
Bedlinog	8	10	11	7	19	17
Bedlinog Graig	9	6	—	—	9	6
Trelewis	19	15	17	14	36	29
Hengoed	13	9	11	13	24	22
Gelligaer Village, ...	8	7	6	9	14	16
Gilfach Fargoed, ...	4	8	19	11	23	19
Pengam Junior	3	3	—	—	3	3
Pontlottyn	18	35	39	41	57	76
Newtown	3	3	4	2	7	5
Pantywaun	7	—	3	1	10	1
Fochriw	4	8	12	9	16	17
Penybank	2	6	—	—	2	6
Troedyrhiwfawch	5	4	—	3	5	1
Pontlottyn R.C. Non-Provided School	5	1	—	—	5	7
Abertridwr Provided School	59	50	27	18	86	68
Senghenydd	66	51	28	34	94	85
Caerphilly	—	—	31	39	31	39
Coedybrain	19	43	16	4	35	47
Rhydygwern	—	—	5	4	5	4
Beddau Temporary School	16	12	—	—	16	12
Llanfabon Non-Provided School	4	7	16	14	20	21
Llanbradach	11	17	12	9	23	26
Totals. 26	370	373	340	315	710	688

Table III.

Showing the number of children (entrants and those leaving) medically inspected in each of the Schools visited in the Central Division.

Name of School.	Entrants.		Leaving before 31st Dec., 1908.		Total No. Inspect'd.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Wyndham Provided School	5	5	8	4	13	9
Nantymoel	17	9	20	21	37	30
Tynewydd	15	26	11	12	26	38
Aber	1	2	10	10	11	12
Blaengarw	33	38	—	23	33	61
Nanthir	10	10	18	—	28	10
Ffaldau	29	33	17	23	46	56
Braichycymmer	8	11	—	—	8	11
Pontyrhyl	11	9	8	8	19	17
Tynyrheol	6	9	2	1	8	10
Tondu	11	14	9	4	20	18
Evanstown	5	7	12	9	17	16
Gilfach Goch	17	17	3	7	20	24
Glynogwr	4	2	2	2	6	4
Bettws Non-Provided School	9	11	4	10	13	21
Penyfai	3	1	3	2	6	3
Tondu R.C.	—	2	3	9	3	11
Bryncethin	6	12	11	17	17	29
Bridgend Provided School	28	20	28	41	56	61
Coity	5	3	5	—	10	3
Coychurch Lower	4	5	2	2	6	7
Pencoed	11	11	8	6	19	17
Coychurch Higher	10	4	6	2	16	6
Penllyne	1	2	1	—	2	2
St. Mary Hill	5	4	—	—	5	4
Llantwit Major	4	2	10	10	14	12
Cornelly	2	5	7	5	9	10
Cefn Cribbwr	10	5	9	3	19	8
Porthcawl	7	—	2	2	9	2
St. Athan	3	3	4	5	7	8
Bridgend Non-Provided School	9	9	4	7	13	16
Bridgend R.C.	6	7	2	1	8	8
Merthyr Mawr	1	3	1	—	2	3
Ewenny	3	4	—	—	3	4
St. Brides Major	2	3	4	8	6	11
Wick & Monknash	3	2	5	1	8	3
Llandow	1	2	1	—	2	2
Colwinstone	—	1	1	—	1	1
Marcross & St. Donats	1	1	1	—	2	1
Bryndu	13	15	15	4	28	19
Porthcawl	1	5	4	7	5	12
Laleston	—	1	—	—	—	1
Caerau Provided School	6	9	—	—	6	9
Blaenllynfi	7	14	—	—	7	14
Nantyllynlon	38	42	7	2	45	44
Plasnewydd	41	31	—	—	41	31
Blackmill Infants	4	7	—	—	4	7
Totals. 47	416	438	268	268	684	706

Table IV.

Showing the number of children (entrants and those leaving) medically inspected in each of the Schools visited in the Western Division.

Name of School.	Entrants.		Leaving before 31st Dec., 1908.		Total No. Inspect'd.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Banwen Provided School	6	12	18	12	24	24
Cwmillynfell	11	13	9	11	20	24
Godrer'graig	3	2	—	—	3	2
Rhiwfawr	4	4	4	2	8	6
Pantteg	7	5	19	18	26	23
Wern	27	17	20	18	47	35
Clydach	14	6	28	17	42	23
Trebanos	5	9	13	14	18	23
Graigcefnparc	1	5	9	5	10	10
Velindre	5	4	3	5	8	9
Penclyn	6	5	3	6	9	11
Alltven	9	6	12	14	21	20
Cilybebyll	5	2	—	—	5	2
Pontardawe	18	13	35	47	53	60
Rhydyfro	5	4	3	2	8	6
Gwauncaegurwen	2	8	13	16	15	24
Tairgwaith	5	2	6	7	11	9
Oystermouth	12	18	9	13	21	31
Birchgrove	9	5	5	11	14	16
Glais	12	16	18	10	30	26
Peniel Green	6	11	4	15	10	26
Cadle	1	10	4	1	5	11
Gendros	4	1	7	16	11	17
Llangyfelach	5	7	2	3	7	10
Penllergaer	2	5	4	4	6	9
Tirdeunaw	14	11	12	9	26	20
Ynystawe	3	6	13	7	16	13
Cwmrhydyceirw	5	6	—	—	5	6
Lonlas	6	12	5	13	11	25
Parkmill Non-Provided School	3	1	1	7	4	8
Bishopston	5	1	5	3	10	4
Port Eynon	2	1	1	—	3	1
Oxwich	—	2	2	1	2	3
Sketty	4	9	3	4	7	13
Newton	2	12	2	—	4	12
Oystermouth	17	18	5	5	22	23
Blackpill	—	3	1	1	1	4
Llansamlet	6	4	5	8	11	12
St. Peter's, Cockett	10	12	9	7	19	19
Garnswllt Provided School	2	1	—	1	2	2
Reynoldstone	—	2	—	3	—	5
Rhosilli	2	—	1	5	3	5
Llanrhidian Non-Provided School	3	2	1	2	4	4
Cheriton and Llanmadoc	—	7	3	5	3	12
Totals. 44	268	300	317	348	585	648

Total number of Schools visited	..	..	..	..	..	..	117
Total number of Children Medically Inspected	..	..	..	..	..	4021	

Classification.													Number.	Percentage.
Clothing and Footgear ..	..	..	..	..	..	..	..	..	{	Good	..	..	1434	35·6
										Average	..	..	2429	60·4
										Bad	..	..	158	3·9
Nutrition ..	..	..	..	..	..	..	..	..	{	Good	..	..	935	23·2
										Normal	..	..	2396	59·4
										Below Normal	..	..	562	12·9
Cleanliness and condition of skin ..	..	..	..	..	..	..	..	..	{	Clean	..	..	2865	71·2
										Slightly dirty	..	..	959	23·8
										Dirty	..	..	103	2·5
										Verminous	..	..	66	1·6
Cleanliness of head ..	..	..	..	..	..	..	..	..	{	Clean	..	..	2775	69·0
										Nits	..	..	1137	28·2
										Pediculi and Sores	..	..	105	2·6
Teeth ..	..	..	..	..	..	..	..	..	{	Good	..	..	1886	46·9
										Medium	..	..	1245	30·9
										Bad	..	..	746	18·5
Tonsils ..	..	..	..	..	..	..	..	..	{	Normal	..	..	3050	73·3
										Enlarged	..	..	686	17·0
										Requiring Removal	..	..	177	4·4
Adenoids requiring removal ..	..	..	..	..	..	..	..	..	..	..	..	..	111	2·7
Submax and Cervical Glands ..	..	..	..	..	..	..	..	..	{	Normal	..	..	1670	41·5
										Palpable	..	..	1897	47·2
										Enlarged	..	..	174	4·3
External Eye Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	175	4·3
Defective Vision ..	..	..	..	..	..	..	..	..	..	..	..	..	255	6·3
Ear Diseases (chiefly Otorrhœa) ..	..	..	..	..	..	..	..	..	..	..	..	..	102	2·5
Defective Hearing ..	..	..	..	..	..	..	..	..	..	..	..	..	122	3·0
Speech Defects (Stammering, etc.) ..	..	..	..	..	..	..	..	..	..	..	..	..	104	2·5
Mental Condition ..	..	..	..	..	..	..	..	..	{	Dull	..	..	97	2·4
										Mentally Defective	..	..		
Heart and Circulation—Heart Disease ..	..	..	..	..	..	..	..	..	..	..	..	..	67	1·6
Lungs ..	..	..	..	..	..	..	..	..	{	Bronchitis, etc.	..	..	198	4·9
										Pulmonary Tuberculosis	..	..	12	0·29
Nervous System..	..	..	..	..	..	..	..	..	{	Chorea	..	..	10	0·24
										Paralysis	..	..	5	0·12
Tuberculosis ..	..	..	..	..	..	..	..	..	{	Osseous	..	..	13	0·32
										Glandular	..	..	38	0·94
Rickets ..	..	..	..	..	..	..	..	..	..	..	..	..	48	1·1
Deformities—including Talipes, Infantile Hemiplegia, Lateral Curvature, Ankylosis, Pigeon Breast, Scoliosis, Torticollis, Kyphosis, etc ..	..	..	..	..	..	..	..	..	..	..	..	..	304	7·5
Infectious or Contagious Skin Diseases—Ringworm, Scabies, Impetigo, Eczema, etc. ..	..	..	..	..	..	..	..	..	..	..	..	..	64	1·5

Table VI.

Showing the chief physical defects found to exist, the minor ailments and defects not being included.

	No.	Percentage of total number of children medically inspected.
Deformities, etc... ..	304	7.5
Marked Post-Nasal Growths and Tonsils requiring removal	288	7.1
Defective Vision	255	6.3
Bronchitis	198	4.9
Defective hearing	122	3.0
Heart Disease	67	1.6
Rickets	48	1.1
Tuberculosis { Glandular	38	0.94
{ Osseous	13	0.32
Pulmonary Tuberculosis	12	0.29
Chorea	10	0.24
Paralysis	5	0.12
Totals	1360	33.8

REMARKS.

TABLES I, AND II.

On referring to the totals of each particular item in Tables I. and II., it will be seen that in some cases these do not agree with the total number of children examined. This is accounted for from the fact that some children refused to let their teeth or throats be examined, and there were some who would not permit their clothes to be taken off; in such cases complete examination was not enforced unless there was reason to suspect the presence of disease.

CLOTHING.

The condition of clothing has been classified under three heads, viz,—Good, average, and bad, taking into consideration *insufficiency, need of repair, and uncleanness*.

NUTRITION.

This has been divided into three classes, viz. :—Good, normal, and below normal, the object being to determine the extent of under nourishment, as distinct from muscular development or physique.

On analysing the figures given in Table I., it would seem that the children so far examined vary considerably in the various Divisions as to Clothing and Footgear, Nutrition and Cleanliness (conditions applicable to both Infants and those about to leave School), or that the School Medical Officers hold different views on these matters.

Here it may be remarked that efforts to secure uniformity of methods and detail throughout the country are at first to be deprecated, for local circumstances differ, and uniform methods would check progress, but with varying lines, experience would better accumulate.

DEFECTS FOUND.

The fact that no fewer than 1,360, or 33·8 per cent. of the 4,021 children examined in the 117 Schools were found with defects capable of interfering to a pronounced degree with educational progress, is very significant.

In 158, or 3·9 per cent., the clothing and footgear were found bad.

Height and weight are not referred to, inasmuch as weighing machines and measuring standards were not then supplied, but 90 of each are now on order for the Groups of Schools to be next examined, viz. :—Maesteg, Caerphilly, and Gowerton Groups.

Nutrition was found below normal in 562, or 12·9 per cent.

With regard to cleanliness and condition of skin, 169, or 4·1 per cent. were found dirty and verminous ; Nits, Pediculi, and Sores were found to exist in 1,242 instances, or 30·8 per cent.

1,245 children, or 30·9 per cent., were found with medium teeth ; and 746, or 18·5 per cent., with bad teeth. It should here be explained that the term “ good teeth ” includes those with not more than *two*, “ medium ” with not more than *five*, and “ bad ” with more than *five* decayed teeth.

Deformities were found to exist in 304 cases, or 7·5 per cent.

288, or 7·1 per cent., were suffering from marked post-nasal growths and tonsils requiring removal.

Defective vision was discovered in 255, or 6·3 per cent., and defective hearing in 122, or 3·0 per cent.

With regard to vision and hearing (except in a general way) and mental condition, children under 6 years of age are not required to be examined.

Bronchitis was discovered in 198, or 4·9 per cent. ; Heart Disease in 67, or 1·6 per cent. ; Infectious or Contagious Skin Diseases in 64, or 1·5 per cent. ; and Pulmonary Tuberculosis in 12, or 0·29 per cent.

OBJECTS OF MEDICAL INSPECTION.

The chief objects of the Medical Inspection can be summarised under the following heads :—

1. The classification of children for educational purposes.
2. The introduction into Schools of a high standard of personal cleanliness ;
3. The diffusion of the teaching of hygiene ; and
4. The prevention and cure of disease.

The first object to be aimed at is personal cleanliness, and this is a matter of extreme importance, and for this purpose the co-operation of the Teachers, School Nurses, and Attendance Officers will be indispensable.

The diffusion of the teaching of hygiene would entirely result from the advice given to parents, children, and teachers, at the time of inspection, and through other sources, and from the hygienic atmosphere which it is hoped will be ultimately produced in the Schools.

SPECIAL DEFECTS AND THEIR CURE.

The prevention and cure of disease is the object that presents most serious difficulty. The amelioration of the defects in School children, discovered by Medical Inspection, is a matter of great importance, especially with regard to the proper treatment of *defects of vision, defects of teeth, advanced ringworm, and adenoids and enlarged tonsils.*

It is most desirable not to trespass on the sphere of the medical practitioner, not only from a monetary point of view, but because his appreciative co-operation in this work is essential.

With regard to the majority of the ailments and defects of children, I am inclined to think we shall be able to persuade, or insist, upon the parents obtaining proper treatment, but with regard to the above four mentioned special defects, there will be considerable difficulty.

In the first place, there are but few medical practitioners who lay themselves out for examining defects of vision, prescribing spectacles, operating for adenoids and tonsils, and other necessary measures. Such a work is tedious and exacting, and consequently the fee it demands is heavy to a large proportion of the working class people.

Again, dentists' fees for stopping decayed teeth and other special work are heavy. These, and other such difficulties will require subsequent consideration in the light of the findings of medical inspection, after it has been continued for some time.

What has been attempted up to the present towards securing suitable medical treatment for those children found physically or mentally defective, is as follows :—

UNCLEANLINESS, INFECTIOUS AND CONTAGIOUS SKIN DISEASES.

In cases of uncleanliness of head and body, contagious diseases of the skin, ringworm, etc., specially printed cards are sent direct from the School to the parents of the children thus suffering, giving instructions how they should act. How far this will answer the purpose it is difficult to say, but probably it will have a beneficial effect, especially if in the future it is aided by the assistance of School Nurses or Health Visitors.

With regard to the physical defects found, the parents or guardians are informed by means of a printed letter sent from the Central Office, and signed by the County Medical Officer, concerning any condition found requiring treatment, and are advised to consult their own medical attendant.

The School child in many of his ailments is a silent sufferer ; his ailments are insidious in their onset. The child, in his uncomplaining way, grows up to regard them as part and parcel of his existence, and so the illnesses go unsuspected and undetected.

It is the tooth that causes the toothache that receives the attention of the parent, the half-dozen or more foul teeth in the mouth that undermine the general health pass unnoticed ; the acute earache receives attention, but the more dangerous ear discharge that goes on for months, or even years, receives no attention.

The child with the adenoids does not receive attention until the obstruction to breathing is so great that the child's snoring, or the cough caused by the secondary bronchitis, disturbs the sleep of the family.

These, and many others, are the sort of defects that the medical inspection disclose to the parents.

FIRST AIM OF MEDICAL INSPECTION.

Surely the first aim of medical inspection should be :—

- (1) To get the children *clean, free from vermin and contagious skin diseases*, under improved *hygienic conditions*.
- (2) To attend to *defective vision and teeth*.
- (3) To provide suitable treatment for the other physical defects and mental conditions discovered.
- (4) To collect statistics as to height, weight, various measurements, etc., etc., with a view ultimately to the physical amelioration and well-being of the community.

In conclusion, I wish to thank the Chief Education Official and the Primary Inspectors for the kindly interest that they have taken in this question of Medical Inspection, and for the great assistance they have already given, thus rendering what might have been a most difficult task, a somewhat pleasant one.

The Primary Inspectors in particular are rendering very valuable assistance by preparing itineraries for the various Districts, by accompanying the Medical Inspectors on their first visits to each Group of Schools, by making the necessary arrangements with the Head Teachers at the Schools, and in other ways.

The Teachers also should be specially mentioned for the great aid and co-operation willingly rendered by them, and in no instance has a refusal been received to give all the assistance possible.

W. WILLIAMS, M.D.

MEDICAL DEPARTMENT,
10, THE PARADE,
CARDIFF,

25th August, 1908.